

**SPIKE FOR KIDS IN AZ – CHARITY VOLLEYBALL TOURNAMENT
REGISTRATION FORM**

All registrations MUST be received before Friday November 5th, 2010 at 5pm

TEAM & MANAGER INFORMATION: (please print legibly)

Team Name: _____ Manager's Name: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email: _____

**DIVISION INFORMATION: _____ RECREATIONAL 6'S OR _____ COMPETITIVE 4'S
All teams are co-ed (see rules for specific male/female requirements).**

TEAM ROSTER:

List all team members, including manager. Only listed players will be eligible for playoffs.

	Player Name	Waiver
1		
2		
3		
4		
5		
6		
7		
8		

MANAGER'S SIGNATURE: _____ DATE: _____

**FEES: \$300 PER TEAM IF REGISTER BY OCTOBER 15TH, 2010
\$350 PER TEAM AFTER OCTOBER 15TH, 2010**

MAKE CHECKS PAYABLE TO: PSI WORLD

**MAIL TO: ATTN: LORI RUTLEDGE
 7702 N. 84TH AVENUE
 GLENDALE, AZ 85305**

VISA/MASTERCARD INFO: _____ EXP. _____

CID #(3 OR 4 DIGIT CODE ON BACK) _____ AMOUNT: \$ _____

NAME ON CARD: _____

ADDRESS ON CARD: _____

SIGNATURE: _____

FAX TO: (623) 298-3301

**EMAIL: info@spikeforkidsinaz.com / QUESTIONS:
PEGGY LANG 602-818-7070/DAVE SLOAN 602-430-7114
OR LORI RUTLEDGE 602-620-1388**